

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-001255

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JAN 15 1962

## 1. PLACE OF DEATH

a. COUNTY

Greene

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN SpringfieldLength of stay in 1b  
37 yearsc. CITY  
OR  
TOWN SpringfieldInside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION DOA St. Johns Hosp.Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS 2303 N. TaylorReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

WILLIAM

ROY

STONE

4. DATE  
OF  
DEATH

Month

Day

Year

Jan. 6, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

7/31/1894

## 9. AGE (last birthday)

68

## IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist

## 10b. KIND OF BUSINESS OR INDUSTRY

Frisco R.R.

## 11. BIRTHPLACE (City and state or country)

Plad, Missouri

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Charles Stone

## 13b. MOTHER'S MAIDEN NAME

Mary Adams

## 14. NAME OF HUSBAND OR WIFE

Daisy Stone

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT Springfield, Missouri.

Mrs. Barbara Shaw, 2303 N. Taylor,

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Coronary thrombosis

## INTERVAL BETWEEN ONSET AND DEATH

Four min.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Cerebral thrombosis

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

## Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from 1955 to 1-6-62 and last saw him alive on 12-16-61

9:30 A.

to

1-6-62

and last saw him alive on

12-16-61

Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

1/9/1962

## 23c. NAME OF CEMETERY OR CREMATORY

East Lawn Cemetery

## 23d. LOCATION (City, town, or county)

Springfield, Missouri

## (State)

## 24. FUNERAL DIRECTOR

Springfield, Missouri.

## 25. DATE RECD. BY LOCAL REG.

1-9-62

## 26. REGISTRAR'S SIGNATURE

Effie S. Melton

Ralph Thieme, 1200 Boonville Ave.

(Licensed Embalmer's Statement on Reverse Side)

APR 4 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard L. Trause

Licensed Embalmer No. 5164

P. O. Address Spokane, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.